MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral in papers. Pages Fand 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH defretage o. COUNTY o. STATE Maryland b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 12 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 Union Hospital NO T NAME OF First Middle Lost 4. DATE Month Dov Yeor DECEASED OF DEATH 30 ATWELL July RK CHARLES TIMOTHY 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 57 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Doys Min. July 29,1966 Male White DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRYSA during most of working life, even if retired) INDUSTRY None Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaval, Oudia Thacker Danny E. Atwell signed by the attending p burial-transit permit. The burial, crematian, or rema 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Danny E. Atwell Elkton, Md. None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED #10 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO PHYSICIAN: the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram JULY 29, 1966, to JULY 30, 1966, that (I) (we) last saw the deceased alive on JULY 30, 1966, and that death occurred at 10.4 M, fram causes and on the date stated obove. director, page 3 shauld shauld be filed with the 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S E. Main St. Elkton, Najera, M.D. NAME (Type) Rolando 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) TREMOWAE (Spenify) Elkton, Md. Aug. 2, 1966 Elkton Cemetery ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then beese remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar remaya, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

| Division of STATISTICAL RESEARCH AND RECOR | | V. PRESTON STREET, | 21201 |
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| | 1 | MALE | NEGRO | WIDOWE | | | 5-3-94 | | lost birthdoy) 72 yrs. | Months | Doys | Hours | Min. |
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| 1 | 13 | FARMER FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN N | | | | 0.0. | n. | |
| | 10. | | S E. BROOKS | | | 200 | LAURA THO | | ant. | | | | |
| H | 15 | | R IN U.S. ARMED FORCES? | | 6. SOCIAL SECURITY NO. | 17. INF | | ATT DO | Addr | 220 | | | |
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| 4 | | PART I. DEAT | TH WAS CAUSED BY: IMMEDIATE CAUSE | (o) Pu | Imonary Cong | estic | n and eden | na . | | | 1=3 | AND DE | y's |
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| -1 | 8 | PAKT II. UTHER SI | GNIFICANT CONDITIONS C | ONIKIBUTIN | G TO DEATH BUT NOT RELATE | D IO IME | TERMINAL DISEASE CON | NUTTION GI | VEN IN PART I(0) | | | RFORME | |
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| 1 | CERTIFICATION | 20o. ACCIDENT WAS | | 205. | DESCRIBE HOW INJURY OCCU | IRRED. (Ent | er noture of injury in I | Port I or P | ort II of item 1B.) | | | | |
| | | | CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | | | | | |
| | MEDICAL | | JRY Month, Doy, Yeor | 20d | I. INJURY OCCURRED 20 | e. PLACE (| F INJURY (Home, form | n, 20f. | (City or town) | · (Cour | nty) | (S | itote) |
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| d | | | C. | E. L | AWSON | M.D. | PHYS. | DIRECTOR | PHYS. | | -4-6 | 0 | |
| А | | 22c. PHYSICIAN'S NAME (Type) | | 707 10 | ALTO ON ACT | | 22d. ADDRESS | | | | | | |
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| Ī | 230. | BURIAL, CREMATIC | N, 23b. DATE TH | EREOF | 23c. NAME OF CEMETE | RY OR CRE | MATORY | 23d. | LOCATION (City or To | own) (| County) | (St | ote) |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death, and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY Cecil Cecil. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page by Cecilton Rural Rural Cecilton .= etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES X ND completely i executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASEO (Type or print) Mabel Burris DEATH July 19 66 and con 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours any October 14,1901 Female White DIVORCED 64 Ading physician a Then please re removal, and in 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR E 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Md-U.S.A. Housewife. Home. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Leybold Sarah Whitlock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no. or unkown) ((If yes give war or dates of service) been signed by the after the burial-transit permits or to burial, cremation, or Cecilton, Md. 21913 Elwood H. Burris. No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease IMMEDIATE CAUSE (a) year DUE TO Conditions, If any, which (b) gave rise to immediate has been e as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY R: After this certificate build be detached for use the State Dept. of Health PERFORMED? ND 3 YES CORONARY ARTOS 20a. ACCIDENT WAS UNDERLYING — OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) HE HOW MINOR OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 21. I certify that (I) (this hospital) attended the deceased from___ August 66 to DIRECTOR: Jage 3 should lied with the 19 July and that death occurred at 2 : O.M. from the causes and on the date stated above. saw the deceased alive on. 1966 22a. SIGNATURE 22b. DATE SIGNED FUNERAL DIRI ATTENDING MED. STAFF DIRECTOR M.D. PHYSICIAN'S director, p NAME (Type) Wallace Obenshain. M.D. Cecilton, Md. 21913 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Specify) 2 Md. Galena Cemetery Galena, Kent Co: Tulv. 7.1966 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE CECIL eose remove corbon papers. Pages 1 and in any event, within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Perry Point San Antonio mos d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in VA Hospital YES NOX Middle 3. NAME OF Lost 4 DATE Month Year First Dov DECEASED July 24 19 66 Butler Carter B. DEATH (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy)
76 yrs. Months Hours 4 6 90 White Male DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Tacketts Mill. Va. U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Umstead Butler Agnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address requires that the death permit. (Yes, no, or unknown) (If yes give war or dotes of service) VA Hospital Records Perry Point. 051-22-74-25 Yes cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Probable ventricular fibrillation. DUF TO burial, Conditions, if ony, which gove Arteriosclerotic heart disease, severe years rise to immediate couse (a), DUF TO stoting the underlying couse Page 4 moy be retoined by the hospitol or attending After this certificote hos been os the prior to Arteriosclerosis, generalized vears last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION far use State Dept. of Health YES TS NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work at work 11 21 21. I certify that (F (this hospital) attended the deceosed from. 03 19 that AND We Day and that death accurred at 5:20 M, from causes and on the date stated above. O FUNERAL DIRECTOR: 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF 7 24 66 X DIRECTOR PHYS. PHYS be filed 22d. ADDRESS W. BERGMANN. VAH Perry Point, Md. director, g 23c. NAME OF CEMETERY OR CREMATORY (Coupty) (Stote) DATE THEREOF 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) 1936 Funeral Home, Perryville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Arlington Cecil director. Page or your files. Virginia MARYLAND fment b. CITY OR TOWN (if outside comparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) 5Yrs. 6Months Alexandria d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS for . IS RESIDENCE ON A FARM? Veterans Administration Hospital 5303 Sanger Avenue State YES NO TO 3. NAME OF Middle 4. DATE Month Day with the S 72 hours DECEASED JULIUS CET.ANT (Type or print) DEATH 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MALE Months Hours 6-10-93 WIDOWED [DIVORCEDT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if relired) Chauffeur Pages 1 Ttalv USA Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSA MORGANTI ANTHONY CELANI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give weror deles of service) Hospital Records VAH. Perry Point, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple Hemorrhages of Lungs & Pelvis DUE TO ö (b) Multiple Fractures of Ribs. Pelvic Bones & Legs. Conditions, if eny, which cremation, gave rise to Immediate cause 10 pending Examiner's DUE TO 35 (e), steting the underlying Fall from 4th Story Window - BLDG. 23 be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS CERTIFICATION burial, PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical EVINERAL DIRECTOR: Page 3 should be NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection Inquiry 1 and in my opinion death resulted from: Natural causes Accident Suicide L Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ŏ **EXAMINER'S** h M 5 6 W H / Address (Street, city, town, or county) NAME (Type) 4 should Health 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Arlington National Ft. Myers, Va. JURIA SUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral er please remave carban papers. Pages 1 and o. COUNTY b COUNTY a. STATE Cecil Virginia MARYLAND Frederick requires that the death certificate be executed within 24 haurs after 34 years 8 mths,17 days c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest tawn) Winchester Perry Point ve carban papers. event, within 72 ha e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 506 Kerr Street VA Hospital YES NO XX 3. NAME OF 4. DATE Middle Last Month Year First Day DECEASED Lohring J. Cooper 1966 July DEATH (Type or print) IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthday) Days Months Hours Male White 12-19-94 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired) INDUSTRY Gore, Frederick Co., Va. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Marshall Cooper Fannie Gill 16. SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no grunknown) (If yes give war ar dates af service) VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) signed by the burial-transit p Bronchopneumonia, Left Lung, Severe 50NSELAND DEADING YE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heart Disease Unknown Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause Arteriosclerosis, Generalized Unknown Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES A NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Not While factory, street, office bldg., etc.) ot work 21. I certify that ANDEXNOSPEAN attended the deceased from October 29, 1931, to July 17, 1966, XDOK MIXING KINST 22b. DATE SIGNED 7-18-66 22n SIGNATURE **ATTENDING** DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S A.G. GILLIS, M.D. VA Hospital, Perry Point, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 7-18-66 (County) (State) 23a. BURIAL, CREMATION, Winchester, Va. REMOVAL (Spetify) Mt. Hebron Fred. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PENNINGTON & SON CHAVRE DE GRACE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09784 death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages I and in any event, within 72 haurs atter deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlestown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? P. O. Box NO X YES NAME OF Middle Lost 4. DATE Month Doy Year DECEASED leanor and in any event, 19 66 (Type or print) rouch DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost-birthdoy) Months Dovs Hours white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) INDUSTRY COUNTRY? Fennsylvania. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca signed by the attending burial-transit permit. Th burial, crematian, ar rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL 8ETWEEN PART I. DEATH WAS CAUSED 8Y ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priartal this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Health wa mia NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 6-13 . 19 66 . ta 7-2 , 1966, that (1) (we) last be retained N19 66, and that death accurred at 12 50 AM, fram causes and an the date stated above saw the deceased alive an 7-2-220. GNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. 7-2-66 DIRECTOR M.D. O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) North au arnhar Manyland directar, 23c. NAME OF CEMETERY OF GREMATORY 23d LOCATION (City or Joya (Stote) metery FUNERAL DIRECTO 25d. REC'D 8 REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Pages 1 Irs after Cecil MARYLAND West Virginia CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) CTLENGTH OF STAY IN 16 filled in by papers. Page 72 hours? c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours mos. Perry Point Wheeling d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Veterans Administration Hospital NO 3 YES 1008 Lind Street etely pou First Middle DATE Month Last 4. DECEASED event, CLATRE M. DAVIS July 66 8 DEATH (Type or print) 19 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH етоуе AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Agst birthday) | Months | Days | Hours | Min. NEVER MARRIED 1898 Female White WIDOWED DIVORCED X 1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Belmont, Ohio Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sheridan Davis (Deceased) Ethel Gillespie (Deceased) signed by the attention rial-transit permit. The rial, cremation, or rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 277-12-0418 Hospital Records, VAH, Perry Point, Md. Yes WWII 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Bronchial Pheumonia, ConfluentanddTerminal PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 10 days Aspiration DUE TO been sig the buris Congestive Heart Failure 10 days Conditions, If any, which gave rise to Immediate DUE TD cause (a), stating the as th underlying cause fast. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? IFICATI YES T NO T Diabetes Mellitus 0 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) r this certil detached f te Dept, of 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) be de State I DIRECTOR: After tage 3 should be de Hour a.m. Not While at work at work 1965 to July 8 21. I certify that % (this hospital) attended the deceased from March 11 19 66, that Mydwell lasts 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 7-8-66 DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Toel Blancaflor, M.D. Perry Point. Md. LDCATION (City, town or county) 23a. BURIAL, CREMATION,I 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 Buria Belmont 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS bon Perry 1966 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.9785CERTIFICATE OF DEATH 09786 death The law requires that the deoth certificate be executed within 24 hours after deoth sicion ond completely filled in by the funeral pease remove corbon papers. Pages I ond and in ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Cecil o. STATE Maryland b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rural. North East D.O.A. Elkton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Union Hospital YES NO TA 3. NAME OF Middle 4. DATE First last Month Day Year DECEASED July 19 66 4 HAZEL LEE DILLOW (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths White TX Female WIDOWED DIVORCED Feb. 19, 1912 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) Wythe Co. Virgina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie B. Bateman William H. Stroupe 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Box 48 North East, Md. Luther G. Dillow INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause Poge 4 moy be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate hos been detoched for use os the te Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION me 11. tue. NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased fram_ , 1963 ta 7-4 , 1966, that (1) (we) last 7 - 8 6-23 19 66, and that death accurred at 10:30 M, fram couses and on the date stated above saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING X M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Jay S. Barnhart Jr. NAME (Type) 4 Mauldin Ave. North East. Md. 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF North East, Md. 7/8/66 North East Methodist 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Grant Funeral Md. DATE 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09787 PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil **MARYLANO** CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) mpletely filled in by i carbon papers. Page ent, within 72 hours a 24 hours Elkton Galena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Devine Nursing Home No x YES executed within 3. NAME OF First Middle Last DATE Month Year Day DECEASED (Type or print) Wallace DEATH Arthur Duhamell July 25 1966 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED remove DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR UF UNDER 24 HRS. last birthday) Months | Oays Hours I WIDOWED I OIVORCED | White November, 4, 1882 83 C 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ician ase r 12. CITIZEN OF WHAT COUNTRY? Building Construction Ret. Carpenter

13. FATHER'S NAME U.S.A. Md. certificate 14. MOTHER'S MAIDEN NAME John Duhamell Lydia Hague 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) death 213-14-1171 Mrs. Katie Duhamell. Galena, Md. 21635 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH p PART I. OEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (aChronic obstructive bronchitis vears been Signal-tr the burial-tr DUE TO Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATI PERFORMED? Senility NO ~ YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from. 2 Jan 19_66 to_ 25 July 19 66 that (1) (we) last DIRECTOR saw the deceased alive on_ _1966_, and that death occurred at 11 , 11 of, from the causes and on the date stated above. 22a. SIGNATURE page MED.
OIRECTOR M.O. PHYSICIAN'S NAME (Type) 22d. ADDRESS TO FUNERAL director, p Wallace Obenshain. M.D. Cecilton, Md. 21913 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) July, 28, 1966 Galena. Galena Cemetery. Kent Co: Md. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS 1966 VR A15 (4) DATEAU 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09783 the attending physician and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY District of Columbia Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)
Perry Point c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 83 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 1620 5th Street, N.W. Veterans Administration Hospital YES NO X 3. NAME OF First Middle Lost 4. DATE Doy Year DECEASED 19 66 EDMONSTON ALBION P. July 10 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH birthdoy) Months Hours WIDOWED 4-17-90 DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Jersey City, N. J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Evelyn (Unk) (D) Robert Edmonston 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 579-62-7798 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Bronchonnel signed by the buriol-transit p buriol, cremotic ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Cerebral thrombosis 3 days Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) of work ot work 21. I certify that XIX (this haspital) attended the deceased from April 18, 19 66, to July 10, 19 66that XIX (this haspital) saw the deceased of the course and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 7/12/66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) S. GOLDGRABEN. M.D. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Removal (Cremation) Washington, D.C. Lee Crematery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WASHINGTON, D.C. VR A15 (4) 20 M 1/66 1966

law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09730 and 2 death. 24 hours after deoth completely filled in by the funeral ove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Cecil Maryland Cecil MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Perry Point 14 days Charlestown papers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VA Hospital NO XXX requires that the deoth certificate be executed within 3. NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED EVANS 16 19 66 Russell E. July y event, (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED [30] **NEVER MARRIED** lost birthdoy) Months Male White 10 7 10 WIDOWED DIVORCED ottending physicion and permit. Then please rem 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ondin during most of working life, even if retired) INDUSTRY COUNTRY? Cecil County, Maryland U.S.A 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Elizabeth Everly Oscar Evans 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 0 WW II 216 07 86 88 VA Hospital Records - Perry Point, Md. Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the buriol-tronsit p cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Pulmonary edema. severe. bilateral days rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 moy be retained by the hospitol or attending hos been see os the the prior to the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19. WAS AUTOPSY PERFORMED? for use Cerebral thrombosis 6 months ago with right paraplegia YES POL NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After 2 66 10 00 21. I certify that (# (this hospital) attended the deceased from. xasscate decensed of the convergence of the converg 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 7 17 66 M.D. PHYS. director, page 3 should be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GOLDGRABEN, M.D. VA Hospital - Perry Point, Md. NAME (Type) S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) -17-66 HopeWell Cemetery Cecil County, Maryland 24. FUNERAL DIRECTOR

ADDRESS

Perryville, Md.

REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

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| DIVISION OF STATISTICAL RESE | | , 301 W. PRESTO | N STREET, BA | LTIMORE 1, M | ARYLAND |
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| 09791 | CERTIFICATI | E OF DEATH | | | 09790 |
| 1. PLACE OF DEATH a. CDUNTY Cecil | MARYLAND | a. STATE Marvla | ınd | b. COUNTY | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | | Denosit | | and give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in it | hospital, give street address) | d. STREET ADDRESS | Defort | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First DECEASED (Type or print) | Middle | Last | 4. DATE OF DEATH | Month | Day Year 22. 19 66 |
| (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED | Never MARRIED 8 | Ewing B. DATE OF BIRTH | 19. AGE (I | | 22 19 66 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| during most of working life, even if retired) | DIVORCED DIV | May 5 18 | B77 89 ounty & State, or foreld | yrs. 12. C1 | TIZEN OF WHAT |
| House Wife 13. FATHER'S NAME | (in pa (a) pa (in m in m | Penna 14. MOTHER'S MAIL | EN NAME | US | SE |
| (Yes, no, or unkown) (If yes give war or dates of service) | | Rachie: INFORMANT Uriel Ewin | | Address Deposit | . Maryland |
| 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) | line for (a), (b), and (c).], (hrome arterio | myo Actor | card | tes - | INTERVAL BETWEEN ONSET AND DEATH |
| ПСАТ | DESCRIBE HOW INJURY OCCU | | | | YES NO |
| | Not While facto | CE OF INJURY (Home, fary, street, office bldg., e | orm, 20f. (City or | town) (Cou | inty) (State) |
| 21. I certify that (I) (this hospital) attended as the deceased alive on 22a. SIGNATURE | B- 1966, and that | | 七声M, from the | causes and on the | that (I) (we) lass the date stated above ATE SIGNED |
| Warence + | " MOELLAST | | MED. STA | s. LI Jul | 4 2-65 |
| 22c. PHYSICIAN'S NAME (Type) Clarence I. | Benson M.D. | 22d. ADDRESS Port De | osit, Md | (City, town or cou | unty) (State) |

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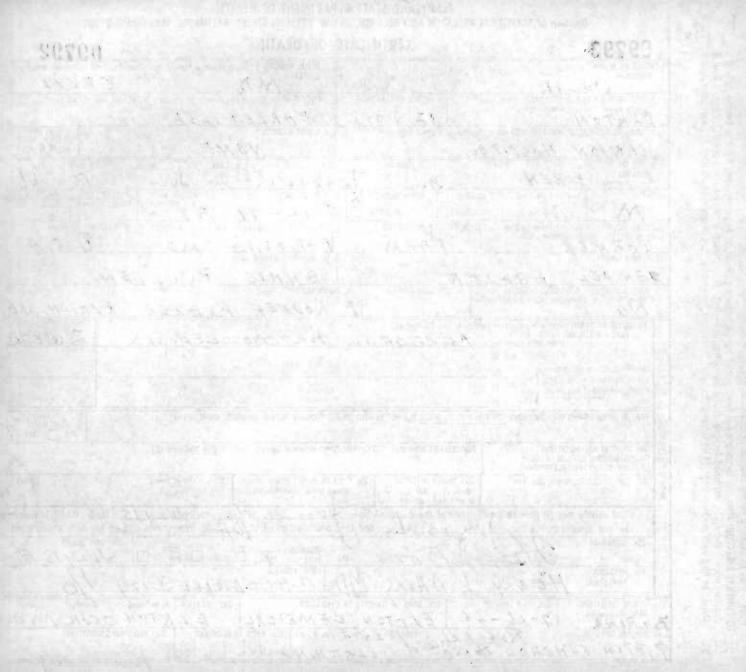
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | 09792 | | | | CERT | IFICATE | OF DE | ATH | | | | 0.9 | 79 | 1 | • |
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| (| PLACE OF DEATH O. COUNTY Cecil | 3,413 | | | | ARYLAND | o. STATE Per | nsvl | vani: | a | COUNTY | | | | n)/ |
| t | o. CITY OR TOWN (I write RURAL and Perry | If outside carparate limit Laive nearest town) Point | s, | 23 | ength of sta | 12 mo | | OWN (IŤ ou 7100 | tside corpor | ote limits, wri | te RURAL | ond give | neorest | town) | |
| (| | al or institution (if no ne Adminis | | . 0 | | tal | d. STREET AC | DRESS | 3 | | | | | IS RESID ON A FA | |
| 1 | NAME OF DECEASED (Type or print) | | rst | | Middle | | Lost FO] | מכ | 4. DATE OF DEATH | | Month | | Doy | Yeo | |
| 5. 5 | SEX | 6. COLOR OR RACE | 7. MARRIE | | NEVER MARI | RIED | 3. DATE OF BIE | TH | | 9. AGE (In ye | ors I | F UNDER 1 | YEAR Doys | | |
| duri | ng most of working Dispatch | | | | BUSINESS OF | | 11. BIRTHPL | CE (County | a, Pe | oreign country | yrs. | | ZEN OF INTRY? | WHAT | Α. |
| Į | Thknown Was DECEASED EVE | R IN U.S. ARMED FORCES? | | IA SOCIAL | L SECURITY NO | 1 17 1 | 14. MOTHER Unki | | 3MANE | | Address | | | | |
| (Ye | yes | (If yes give wor or dotes | of service) | 168- | 09-54 | | Hospi | tal R | lecor | ds, Pe | | Poi | | | |
| | PART I. DEA' 4 2 0 Conditions, if ony, rise to immediat stoting the underlast. | , which gove e couse (o), rlying couse | (o) Ma 10 (b) Co 10 (c) Ar | nges teri | re thr stive | heart | of lu failu heart | re dise | | // IN DART 1 | (-) | | ONSI | rval BET et AND D sucid | en s |
| CERTIFICATION | 20o. ACCIDENT WA | GNIFICANT CONDITIONS (| | | | | (Enter noture o | | - | 14.84 | | À | 1 | PERFORM | |
| MEDICAL CERT | (IF EITHER, NOTIFY | | W | hile | OCCURRED Not While | | CE OF INJURY (| | | (City or tov | vn) | (Cou | ntγ) | (| Stote) |
| × | 30wcblecd | n. 19 fy that (1) (this has exercised adirectors: | spital) att | ended t | ot work the deceas | ed fram cx and tha | Aug. 1 t death acc | , l urred at | 9.42 12:3 | ta July M _p trom ca | 27 uses an | d an th | e date | stated | wej das I abave |
| | 22c. PHYSICIAN'S | | tifel | 1 | | M. | 22d. AD | ORESS | MED. DIRECTOR | STAFF PHYS. | | | -28- | -66 | |
| | NAME (Type BURIAL CREMATIC REMATIVAL ESPECIAL | ON, 23b. DATE TH | FELD, EREOF | 23 | c. NAME OF C | EMETERY OR | CREMATORY | Hosp | 23d. L | Perr | or Town |) | (County) | (5 | tote) |
| 24 | FUNERAL DIRECT | | Home | | ADDRESS | lle, | | 25o. REC'I | AUG | RAR 2 | | STRAR'S SI | GNATURI | | |

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death. death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND. c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) EARLEVIL d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 NONE YES T NO carbon 3. NAME OF Middle DATE **First** lost Day Yeor DECEASED OF DEATH BEN (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED In any pup 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? and attending physician permit. Then please EARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI ar remaval, BOULDEN INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO. requires that the death (Yes, no, ar unknown) (If yes give wor or dotes of service burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: HRTERIOSCLEROSIS IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? detached far use te Dept. of Health YES ! NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Not While factory, street, affice bldg., etc.) OR ATTENDING 21. I certify that (1) (this haspital) attended the deceased fram. 1966, that (1) (we) last be retained 19 lee, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION, REMOVAL (Specify) CEMETERL 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 L & TO N, AN DATE JU FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1 | | 09794 | | | CERT | TIFICATE | OF | DEATH | | | | | 09 | 793 | ,, |
|---|-----------------|--------------------------------------------------------------|------------------------------------------------------------------------|-------------------|-----------------------------------|--------------|---------------|-------------------------------------------|------------------|---------------|-----------------|-----------------------------|-------------------|---------------------------|------------------|
|) | (| PLACE OF DEATH D. COUNTY | . 7 | | N | 1AR YLAND | | JAL RESIDENCE (| Where dece | osed lived, | if instituti | on: Residenc | e before | e odmissio | n) |
| | ŀ | o. CITY DR IDWN (I | f outside corporate limit: give nearest tawn) | s, | c. LENGTH OF ST. | AY IN 1b | c. CITY | DR TDWN (If o | | | | | neores | t town) | |
| | | erry Po: | int | | 47 days | | | Washi | ngto | n, D. | C. | | 4; | 7-3 | |
| | (| I. NAME OF HOSPITA | AL OR INSTITUTION (If no | ot in hospital, g | give street oddress) | | d. STR | EET ADDRESS | | | | | • | B. IS RESID | ENCE RM? |
| 1 | | | Administr | | | | | | | Stre | | S.E. | | YES | |
| 1 | I | NAME OF DECEASED | | rst HANIEL | Middle | | FDA | Lost ZIER | 4. DATE | | July | | Doy 19 | | |
| | S. S | Type or print) | 6. COLOR OR RACE | 7. MARRIED | NEVER MAR | | | OF BIRTH | DEAT | 9 AGE /Ir | n venrs | IF UNDER 1 | | IF UNDER | |
| | | Male | Negro | WIDOWED | | RCED 🛣 | | 12-94 | | 72 lost bir | rthdoy) yrs. | Months | Doys | Hours | Min. |
| | 10o. duri | USUAL OCCUPATION moments of working Paper ha | (Give kind of work done life, even if retired) anger | 10b. KI | ND OF BUSINESS OF DUSTRY | R | | RTHPLACE (County shingto | | | ntry) | 12. CITI COL | IZEN OF UNTRY? | WHAT S.A. | |
| | 13. | FATHER'S NAME | | | | | 14. M | OTHER'S MAIDEN | NAME | | | | | | |
| ı | | | Frazier | (D) | | | | Mary Ga | ins | | (D) | | | | |
| | 1S. (Ye: | no, or unknown) | R IN U.S. ARMED FORCES? (If yes give wor or dotes o | of service) | SOCIAL SECURITY N | | NFORMA | | | | Addre | | | | |
| | | Yes | WW I | | 8-28-94 | 02 VA | Но | spital | Reco: | rds, | Perr | y Poi | _ | MC . | |
| | | 177 X | ATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE | (o) Bro | nchopneu | | | | | | | | 1,ONS | H AND B | ATH |
| | | Conditions, if ony, rise to immediat stating the under lost. | e couse (o), | 1-7 | cinoma c astasis | f pro | stat | e glan | d w/v | vide- | spre | ad | 2- | 3 ye | ars |
| 2 | ATION | PART II. OTHER SI | GNIFICANT CONDITIONS C | ONTRIBUTING 1 | TO DEATH BUT NOT | RELATED TO 1 | HE TERM | INAL DISEASE CO | NDITION GI | VEN IN PAR | RT 1(o) | | | WAS AUTO PERFORME S | PSY D? NO |
| , | L CERTIFICATION | 2Do. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY | UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 2Db. DE | SCRIBE HOW INJUR | Y OCCURRED. | (Enter no | ture of injury in | Port I or P | ort II of ite | em 18.) | | | | |
| | MEDICAL | Hour o.n p.n | n. 19 | While of world | NJURY OCCURRED Not While of work | foct | ory, stree | IURY (Home, forr t, office bldg., etc. | .) | | | (Cou | | | Stote) |
| | | 21. I certi | fy that 10 (this has | pital) atten | ded the deceas | ed from | Jun death | e 2 , accurred at | 19_66, | to Jul | causes | , 19 <u>_6</u> and an th | 6, th | e stated | apave we)stas |
| , | | 22o. SIGNATURE | 5 0 | lon | | M.I | ATT D. PHY | ENDING | MED. DIRECTOR | I SI | AFF HYS. | 22b. DA | | ED | |
| | | 22c. PHYSICIAN'S NAME (Type) | D. GOLD | GRABEN | , M.D. | | | d. ADDRESS VA Hosp | | | | | Mo | 1. | |
| | В | BURIAL, CREMATIC REMOVAL (Specify | ON, CABO. DATE THI | 25,196 | 23c. NAME OF C | gton 1 | Nat: | ional | A | | gton | , Vi | | nia | ote) |
| | | FUNERAL DIRECTO | heral Hom | Was | hington. | D. C | | | D BY REGIS | TRAR 2 19 | 2Sb. RE | GISTRAR'S SI | GNATUR | Jus Jus | ye. |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospitol or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09795 death. requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral nave carbon papers. Pages 1 ond by event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Elkton Days cton ave carbon papers. / event, within 72 ho IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 61 242 West Main Street Union Hospital YES NO Z 4. DATE 3. NAME OF Middle Month First Lost Doy Year DECEASED OF DEATH 19 66 July ARTHUR GOBEL (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Sept. 26.1894 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Coal COUNTRY ? during most of working life, even if retired) Elk Garden, Va. Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Clark Shannon H. Gobe or rem 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 233-07-2707 Elkton, Md. Mrs. Myrtle E. Gobel signed by the otter burial-transit perm burial, cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise ta immediate couse (o), DUE TO stoting the underlying couse be detached for use as the Stote Dept. of Health prior ta O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES 🔽 NO F PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) ot work ot work 1956, that (1) (we) last 21. I certify that (1) (this bospital) attended the deceased fram_ poge 3 should be filed with the and that death accurred at live. M. from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Elkton. Gilpin Manor Mem. Park 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Melanley

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| 1 | PLACE OF DEATH a. COUNTY Cecil | MARY! AND | a. STATE | b. COUNTY | |
| | b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | | | |
| - | | | d. STREET ADDRESS | t | e. IS RESIDENCE |
| 1 | Union Hospital | | Town & Co | untry Trailer | DN A FARM? |
| 3 | (Type or print) Infant Boy | Go | 1 0 | | Day Year 14 19 66 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | | 9. AGE (in years IF UNDE last birthday) Months | R 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| 10 de | a. USUAL OCCUPATION (Give kind of work done 10b. KIN | ND OF BUSINESS OR DUSTRY | | State, or foreign country) 12. | CITIZEN OF WHAT |
| 1 | 3. FATHER'S NAME | and gap and and bed and | 1 | ME | U.S.A. |
| | Harry Goodyear, Jr. | OCIAL SECUDITY NO. 1 17 | | | |
| C | (es, no, or unkown) (If yes give war or dates of service) | | | | East. Md. |
| | | | | | INTERVAL BETWEEN ONSET AND DEATH 7-HOURS |
| | 7616 | ematurity | | | 7-Hours |
| | Conditions, if any, which \ (b) | | | | |
| | cause (a), stating the DUE TO | ATT LEVY | | | |
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| CERTIF | 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DI OR CDNTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCU | RRED. (Enter nature of injury | In Part I or Part II of Item 1 | 8.) |
| FDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. IN While p.m. 19 at work | JURY OCCURRED 20e. PLA factor | CE OF INJURY (Home, farm, 2 ry, street, office bldg., etc.) | 20f. (City or town) (Co | ounty) (State) |
| | 21. I certify that (I) This hospital) attended | the deceased from 7 | /14/66 , 19 death occurred at IOA: | , to, 19_ M, from the causes and on | , that (I) (We) las |
| , | 22a. SIGNATURE | 7 | | STAFF 22b. | DATE SIGNED 15/66 |
| | 22c. PHYSICIAM'S NAME (Type) James L. Joh | nnson M.D. | 1 22d. ADDRESS - | gh St., Elkto | on, Md. |
| 2 | Ba. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/15/66 | 23c. NAME OF CEMETERY Nowth East | | emetery Nort | h |
| \ | | | | | TO A TO DO |
| 8 = | 4. FUNERAL PURECTOR PAR E. He | ADDRESS Is. North E | | | R'S SIGNATURE' |
| | S. III () | DIVISION OF STATISTICAL RESEA O9796 PAGE OF DEATH a. COUNTY Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hos union Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED (If outsing most of working life, even if retired) 10a, USUAL OCCUPATION (Give kind of work done lob. kind during most of working life, even if retired) 13. FATHER'S NAME Harry Goodyear Jr 15. WAS DECEASED EVER INU. S. ARMEDFORCES? (Yes, ne, or unkown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pr OR CONTRIBUTING CAUSE OF DEATH (FETTHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DIG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) **Wish hospital** at work of the cause of the caus | DIVISION OF STATISTICAL RESEARCH AND RECORDS OP796 CERTIFICATI PLACE OF PEATH a. COUNTY COCIL b. CITY OR TOWN (if outside corporate limits, with RURAL and give nearest town) Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF DECEASED (Type or print) First (Jessie Mele) (Type or print) Infant Boy (Type or print) Tofant Boy 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (elive kind of work done during most of working life, even if retired) 13. FATHER'S NAME Harry Goodyear 15. WAS DECEASED EVER INU.S. ARMEDFORCES? (Yes, ne, or unkown) (If yes gire war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. OR CONTRIBUTING DATE (b) 20a. ACCIDENT WAS UNDERLYING DUE TO UNDERLYING DATE (C) OR CONTRIBUTING DATE (AUSE OF DEATH HOUR as, while at work hour as work at w | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST O 796 CERTIFICATE OF DEATH a. COUNTY Cecil MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital 3. NAME OF COOdyear First (Jessie Mide) Last Town & Co Goodyear 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 7/14/66 3. DATE OF BIRTH 7/14/66 14. DETAIL OF BIRTH 7/14/66 15. DATE OF BIRTH 7/14/66 16. STREET ADDRESS TOWN & COOD 17. INFORMANT 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBLEM OF BIRTH 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED TO THE TERMINAL DISEAS PART II. OTHER SIGNIFICANT CON | PLACE OF DEATH S. COUNTY Coultide corporate limits, with STAY STAY County County |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death PHYSICIAN: The low requires that the death certificote be executed within 24 hours after deoth sicion ond completely filled in by the funeral please remove carban papers. Pages 1 and Fand in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Cecil a. STATE Marvland b. COUNTY Cecil MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b Rural and give negrest town) 25 Rural. North East mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D. 2 R.D. 2 YES NO X 3 NAME OF First Middle 4. DATE Doy Last Month Year DECEASED JOHN HUGH HAMILTON SR. 19 66 July 18 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED birthdoy) Manths Haurs Male Cau. Aug. 18. 1901 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CivilService during most of working life, even if retired) COUNTRY? the attending physicion of the please sit permit. Then please Chester, Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or remove John H. Hamilton Mary E. Biddle 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Addres R.D. 2 (Yes, no, or unknown) (If yes give wor or dotes of service) Lyda S. Hamilton 150-09-3799 North East, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriof-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute myocardia interction IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO ASCVD. Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate hos been 3 should be detoched far use os the with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION L withless NO X perighen 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (State) foctory, street, office bldg., etc.) Not While 19 at wark at wark 1966 ta 21. I certify that (1) (this haspital) attended the deceased fram_ 7-18 19 66, that (1) (we) last 7-15 19 4 and that death accurred at 15 PM, from causes and an the date stated above saw The deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. director, poge should be filed 4 Mauldin Ave. 22d. ADDRESS 22c. PHYSICIA NAME (Type) S. Barnhart Jr. North East. Md. 23b, DATE THEREOF 7/20/66 23c. NAME OF CEMETERY OR CREMATORY North East Methodist 23o. BURIAL, CREMATION, 23d. LOCATION (City ar Town) (Caunty) (State) REMOVAL (Specify) North East Cecil Md. APPORES BOX 22 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Grant Funeral Hom 2So. REC'D BY REGISTRAR North East, Moder JU

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A THE COUNTY OF THE CANADA

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death ompletely filled in by the funeral ve carbon papers. Poges 1 and event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Delaware o. COUNTY b. COUNTY Cecil New Castle MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Newark 5 days IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 650 South College Ave. Elkton Hospital (Union) YES X NO 3. NAME OF Middle 4. DATE Lost Doy Year DECEASED Wilson 7-31-66 Harry Harris 19 (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Hours White Male WIDOWED DIVORCED 10-22-1903 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Schools Wilmington, Delaware OR ATTENDING PHYSICIAN: The low requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, Henry W. Harris Elizabeth Lougheed 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no which work of service) 221-07-9577 Vera L. Harris Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p buriol, cremotia ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospitol or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Not While foctory, street, office bldg., etc.) _, 19<u>57</u>, to_ 7-30 , 1966 that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram_ 19 66, and that death accurred at 4.7 5M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Will ford Epper M 327 E Main St. Newark. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, BREMOVAL (Specify) 8-3-66 Silverbrook Cemetery Wilmington, Delaware. Marwick, Newark, Dela. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) AUG 11956 DATE 20 M 1/66

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| | and completely filled in by the emove carbon papers. Pages 1 any event, within 72 hours after | - | d. NAME OF HOSPITAL OR INSTITUTION (if not in i | hospital, give street address) | d. STREET ADDRESS | t Deposit, Ru | e. IS RESIDENCE ON A FARM? |
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| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within | ospital of attending physician, certificate has been signed by the attented for use as the burial-transit permit. It of Health prior to burial, cremation, or | | 18. CAUSE DF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | line for (a), (b), and (c).1 | SCULAR A | ? coilint | INTERVAL BETWEEN ONSET AND DEATH |
| res tha | pnysici signed burial-tr burial, o | | Conditions, If any, which | Pacartizal | Rakenio | 6066026 | 10ggs. |
| w requi | s been s the lor to | | gave rise to immediate cause (a), stating the underlying cause last. | 3 nono-7 | 125058 | رمانا | Ege- |
| The lav | or atte | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB | BUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PA | ART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND |
| ICIAN: | nospiral or attending physician, s certificate has been signed by ched for use as the burial-tran. pt. of Health prior to burial, cre | CERTIF | 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCU | RRED. (Enter nature of | Injury in Part I or Part II of | Item 18.) |
| IG PHYS | the deta | MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour a.m. While at woi | factor | CE OF INJURY (Home, fa ry, street, office bldg., e | | (County) (State) |
| NON | e d b e | | 21. I certify that (I) (this hospital) attend | ded the deceased from |) 4. /, I! | 18, to 7-4 | , 19 <i><</i> , that (I) (we) las |
| OR ATT | | | saw the deceased alive on 22a. SIGNATURE | 196 c, and that | death occurred at | | nd on the date stated above 22b. DATE SIGNED |
| | rage 4 may be to FUNERAL DIRI director, page should be filed | | 22e. PHYSICIAN'S | M.D | | MED. STAFF PHYS. | 7/4/66 |
| A- | rage 4 may To FUNERAL director, pa should be fi | | NAME (Type) G. H. Richa; | | | posit, Md. | |
| 10 H | To FUN direct should | 23a | Burial (Specify) Burial 7/7/1966 | Hopewell Ce | or crematory | Port Deposi | n or county) (State) |
| Me | R A15 (4) | 24. L | FUNERAL DIRECTOR | ADDRESS | 25a. REC | UL 1 1 1966 | ISTRAR'S SIGNATURE |
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY necessary, actor. Page a. STATE b. COUNTY director. Page or your files. ŏ MARYLAND b. CITY OR TOWN (if outside corporeta limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? the funeral UNION HOSPITA refained State after YES NO 3. NAME OF Middle Year hours DECEASED OF DEATH the (Type or print) with 72 h COLOR OR RACE 9. AGE (In HE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED may Months Days WIDOWED within 10a. USUA OCCUPATION (Give kind of work done dust) host of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Page WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If resgiva werer detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EBRAL THROMBOSI pencil IMMEDIATE CAUSE (a) DUE TO ö FREBRAL ARTERIOSLESOSIS 5 Conditions, if any, which cremation, "pending" geve rise to immediate cause Medical Examiner's DUE TO SE (e), stating the underlying cause lest. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO t 3 should 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of item 18.) writing the v e Chief Medi 20a. EXTERNAL CAUSE WAS 9 PRIMARY | or CONTRIBUTING CAUSE OF DEATH. agent, prior Page 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm. Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While forwarded to the at work at work the certificate, DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNE 15 5 NAME (Type) Address (Streat, city, town, or count TO PL Health 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county REMOVAL (Specify) ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 1966 VR A15ME 5M 1/63

Rec. E. 201105 - 5 HANA CONTRACTOR OF STREET

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09802 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban gapers. Pages 1 and 1. PLACE OF DEATH a. COUNTY o. STATE DISTRICT OF COLUMBIA CECIL MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) vithin 72 hours WASHINGTON 37 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1604 E. St., N. E. VA HOSPITAL YES NO P 3. NAME OF First Middle 4. DATE Month Day Year DECEASED 19 66 JULY 1 WALTER 0. KELLY (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Days Hours 5-20-07 Male Negro WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT ease INDUSTRY the attending physician sit permit. Then please Lanark. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lydia Louis Alex Kelly IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give, wor or dates of service 5 235059216 VA Hospital Records Perry Point. Md. yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction 40NET AD DEATH IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. Conditions, if ony, which gave (b) rise to immediate couse (o). DUE TO r this certificate has been si detoched for use as the b te Dept. af Health priar to b stating the underlying couse WAS AUTOPSY PEREGRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🗶 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING State Dept. af OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (Stote) factory, street, affice bldg., etc.) Hour a.m O FUNERAL DIRECTOR: After 19.66 ta 21. I certify that the (this haspital) attended the deceased fram. 5-24shauld sowether depresent the course was a state of the state of 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 7-2-66 DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S VAH., Perry Point, Md. Dr. Irina Reus, M.D. NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) Removal (Specify) Fort Myer, Virginia Arlington National 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Rhode Island Ave. NW VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad livad, If institution; Residence before admission) e. COUNTY b. COUNTY Cecil Marvland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) (Rural) Aberdeen Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Devine Haven Nursing Hame Route Box 3/12-A YES NO X completely 3. NAME OF Middle Last 4. DATE DECEASED "WILLIAM (Type or print) LONG July DEATH 00 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Hours Male 1888 Cau. WIDOWEDYY March 1. DIVORCED T physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) (Ret. Kent County. Maryland Truck Driver Lumber Supply 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue George W. Long Emma Cooper 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or datas of sarvica) Helen Smith. No Aberdeen. Md. 18. CAUSE OF DEATH (Entar only ona causespar lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve risa to immadiate ceuse DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIA CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enlar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Yaar (County) (Stata) factory, street, offica bldg., atc.) While Hour a.m. Not Whila at work at work p.m. PECT saw the deceased alive on. 22h. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS FUNERA 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) 0. Grove Presbyterian Cemetery, July 66 Md. Aberdeen. DIRECTOR'S SIGNATED ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Mberdeen. Md.

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

Mowing A-Saf mod , La soupe Seving Havon Surning Home ale Bar 1 desil of a real real real real made to be to the total transfer Supply Hand down or the the cold to CHURCH IN BETWEEN to ben Bulth. Moordsen. Hd. Unest first spaties with brigh from , buy (Day sever referration architics of the state of the way of the state of the RALPHU ANDREWSTAND 2238, MAINTEu galy so crove trusters Cametery, thereasen, I die Tarring Tunover Holds, Angranes, ud. 1985.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH a. COUNTY Cecil b. COUNTY Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 2 wks. Elkton .⊑ £ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital R.D. YES NO X 3. NAME OF First Middle Last 4. DATE E S Manth Doy Year DECEASED (Type or print) S. Lynch July Evans 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED Male Jan.6. 1891 and 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? lease during most of working life, even if retired) INDUSTRY Feed Mill Delaware 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Walter Lynch Martha Truwax 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Elkton. No 217-14-0848 Wilson R. Rothwell 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY nombosis IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been ed far use as the of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES T NO the hospital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (Caunty) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of wark ot work 21. I certify that (I) (this bespital) attended the deceased fram 19 Ch that (I) (we) last be, and that death accurred at 132 M, from causes and an the date stated above. saw the deceased alive and 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN" NAME (Type) APEAICE CI 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 20/ . Cecil Co. Md. Bethel Demetery Bethel 24. FUNERAL DIRECTOR # ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) 20 M 1/66 1966 for Funerals Md . Elkton.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY director. Page CECIL files. MARYLAND b. CITY OR TOWN (if outside corporete limits. Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporele limits, write RURAL end give neerest town) write RURAL end give nearest town) NORTH EAST EADING S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS . IS RESIDENCE ON A FARM VONE State YES NO T 3. NAME OF First Middle 4. DATE Month Day DECEASED OF (Type or print) THOMAS DEATH 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Devs Hours WIDOWED DIVORCED YIS. 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired SCHOOL STUBENT U.SA. PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give DOROTHY 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) MR. PAUL 18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drownins 30 min Office DUE TO gave rise to Immediate cause DUE TO (e), stating the underlying Examiner cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY burial PERFORMED? NO P 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) While Not While - 4 19- 6 det work at work VIC. North East 1:30 p.m. DIRECTOR: 0 Inspection Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy , and in my opinion EDICAL forwarded death resulted from: Natural causes Accident 4 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER PUNERAL. DEPUTY DEPUTY MEDICAL EXAMINER ö NAME (Type) Address (Street, city, town, or county) 123 Ding crly Ave GAt 11 ohnson Please 4 shoul O PUN Health 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME C. ELKTON, MD, DATE JU SM 1/63

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| FOR STATE | | 09806 | | | ICAL EXAMINE | | | | | 09804 | |
| HEALTH DEPT. | | PLACE OF DEATH o. COUNTY | Cecil | | MARYLAI | ND | o. STATE Mar | yland | b. COUNTY | | n) |
| Dany delay is 2, and 3 ta PM3. Page spartment of after death. | | b. CITY OR TOWN (I write RURAL and | f autside carparate limit Leive nearest tawn) Ikton | ts, | c. LENGTH OF STAY IN 1 | b | c. CITY OR TOWN (If au | tside carparate limits | , write RURAL a | nd give nearest tawn) | |
| any any be base of the safet | | | AL OR INSTITUTION (If n | ot in haspital, | | | d. STREET ADDRESS | // O NT d | 61 1 | e. IS RESID ON A FA | ENCE |
| h. If Jarn farm farm | | | | Hospit | | | R4 | #2 No. 8 | Church | St. YES | NO X |
| death ve Pag ve Ve | 3. | NAME OF DECEASED (Type or print) | | ohn | Middle Thomas | | McCall | 4. DATE OF DEATH | Month 7 | Doy Yea 11 19 | 66 |
| hours after death. If any delay is Item 18. Give Pages 1, 2, and 3 ta Office along with farm PM3. Page Iand 2 with the State Department of event within 72 hours after death. | S. | male | 6. (OLOR OR RACE white | 7. MARRIED WIDOWED | NEVER MARRIED [DIVORCED [| | 8. DATE OF BIRTH Nov. 8, 1933 | 9. AGE (I | | UNDER 1 YEAR IF UNDER nths Days Hours | 24 HRS. Min. |
| and the same of th | 10d dui | USUAL OCCUPATION ing mast of working Truck Dr | (Give kind of work done | 11/1 | IND OF BUSINESS OR IDUSTRY | | 11. BIRTHPLACE (State Maryland | | | 12. CITIZEN OF WHAT COUNTRY? | |
| hin 2 mel in mage I in any | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N | | | | |
| Example File and | 15 | Everett | H. McCall | 114 | SOCIAL SECURITY NO. | 17 1 | Buelah W. F | Reynolds | Addross | | |
| executed nding" ii Medical permit. | (Y | es, no ar unknawn) | R IN U.S. ARMED FORCES? (If yes give war ar dates | of service) 21 | 5-32-0890 | | erett H. McC | Call | No. | rth East, M | d. |
| This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examines the used as a burial-transit permit. File bag it to burial, cremation, ar removal, and in a | | IB. CAUSE OF DE PART I. DEAI | which gave) e cause (a), | (a) Aspi 10 (b) La | (a), (b), and (c).) tration of b aceration of | | | guination | | INTERVAL BETV ONSET AND DE | |
| is certifi te, writii farware farware ta burial, | ATION | | | | TO DEATH BUT NOT RELATE | D TO T | THE TERMINAL DISEASE CON | DITION GIVEN IN PA | RT 1(a) | 19. WAS AUTO PERFORME | PSY D? NO |
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| XAMI ge 4 s your 1 Page 3 | WED | 9:20 p.n | • | 66 While | 11 4 5100 11 | facto | ary, street, affice bldg., etc.) treet | nr. Ne | , | | awar |
| MEDCAL Please execution of the properties of the | | 21. I certify death result ACTUAL SIGNATURE | y that I taak charg ed from: Natur IIII | e of the rer al causes [| nains described abov | e, he | Id an Autapsy 🔀, ide, Hamicide | Inspection [| , Inquiry mined manno | , ond in my o | opinian |
| TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health or i | 230 | BURIAL, CREMATIC REMOVAL (Specify, Burial | 23b. DATE TH | | 23c. NAME OF CEMETER North East | | CREMATORY | 23d. LOCATION North Es | (City or Tawn) | (Caunty) (Str | ate) |
| VR A15ME (5) | G: | . FUNERAL DIRECTO | R | II. Cros | ADDRESS 22 North | Eas | 11.1 | L 18 196 | 6 REGISTE | AR'S SIGNATURE | iles |

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09807 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) completely filled in by the funeral tove corbon popers. Poges 1 and o. COUNTY b. COUNTY o. STATE Maryland MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Elkton 5 days Elktion d. STREET ADDRESS 59 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Chestnut Dr. R.D. Meadowview YES NO IX Union Hospital 3. NAME OF Middle 4 DATE Month Year Doy DECEASED OF DEATH July 1966 McFalls (Type or print) Infant Lee Terry 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Days Hours July 2. 1966 WIDOWED DIVORCED Male White 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) INDUSTRY physician en pleose Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Campbell Charles W. McFalls attending p 17. INFORMANT 59 Chestnut Draddress eadowview IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service CHarles W. McFalls, Elkton, No cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit burial, cremoti ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO P O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram 7 - 2 - 1966, that (I) (we) last saw the deceased alive an 7 - 2 - 1966, and that death accurred at 30AM, fram causes and an the date stated above. O HOSPITAL OR ATTEND Poge 4 may be retained saw the deceased alive an 7-7-220. SIENATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR 7-8-66 M.D. director, poge 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S 123 Singerly Ave. Ellton, Md NAME (Type) 44514 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Park, Elkton, Md. Gilpin Manor Memorial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15 (4) 20 M 1/66 DATE JU Funera Md. Hicks

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]

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| requires that the death certificate be executed within 24 haurs after death 1 physician. | and death | | | Cecil | | | MAI | RYLAND | 2. USUAL RESIDENCE (1 d. STATE Maryland | Where deceased li | ved, if institut b. COU | tion: Residence NTY ecil | before od | mission) |
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| ho | in srs. | | | I. NAME OF HOSPITA | AL OR INSTITUTION (If no | at in haspital, gi | ve street address) | | d. STREET ADDRESS | | | | e. IS | RESIDENCE N A FARM? |
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| e pe | se re | | duri | ng most of working | (Give kind of wark dane ife, even if retired) | 10b. KIN IND | D OF BUSINESS OR USTRY | | 11. BIRTHPLACE (County | | | COU | ZEN OF WH | AT |
| icat | sician | 1 | 13. | FATHER'S NAME | rator | | | | 14. MOTHER'S MAIDEN | Mary. | Land | U | SA | |
| certif | ling phy Then remayd | | | Villiam W | | | | 3.0 | Martha J. | Apdyke | | | | |
| £ | ding t. T | | | | R IN U.S. ARMED FORCES? (If yes give war or dates o | | OCIAL SECURITY NO. | 17. 16 | NFORMANT | | Addre | ess | SH 20 | |
| dec | attendi permit. an, ar r | - | | Yes | 2-3-17 5-7 | -17 34 | 7-20-408 | 7 | VA Hospita | l record | ds, Pe | rry Po | int, | Md. |
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| res the siciar | 77 1 - | | | 450 Conditions, if ony, | DUE | Mes | enteric ! | Thromb | osis | | | 12 | -24 | hours |
| phy | | | | rise ta immediate | couse (a), | (D) | | | | | 1 | | | |
| ding | the tr ta | 37 | 11 | stating the under last. | lying cause | | edescler | osis, | Generalized | i | | | - | |
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| | | | MEDICAL | 20c. TIME OF INJU Haur a.m p.m | RY Month, Day, Year I. 19 | While at wark | URY OCCURRED Not While at work | focto | E OF INJURY (Hame, farm ory, street, office bldg., etc.) | | y or tawn) | (Caun | ty) | (State) |
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| OR ATTEN be retained | DIRECTOR: ge 3 shaul led with th | | | 22o. SIGNATURE | N.R.E | l- B | ajade | • | ATTENDING | MED. | STAFF PHYS. | 22b. DAT | TE SIGNED | 5 |
| L O | AL DIR page e filed | , | | 22c. PHYSICIAN'S | 0 | 7 70 997 | 7 | M.D | 22d. ADDRESS | DIRECTOR L | | -1 . | | |
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| TO HOSPITAL OR Page 4 may be re | o FUNERAL director, pa should be fi | Q | 23a | BURIAL, CREMATIO REMOVAL (Specify) | N, 23b. DATE THI | | 23c. NAMED BOTH | METERY OFF | emetery | | ON (City or To | own) (0 | County) | (State) nd |
| | | 0 | 24 | FUNERAL DIRECTO | | £ 9 | ADDRESS | - | | D BY REGISTRAR | | EGISTRAR'S SIG | | |
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09803 24 havrs after death campletely filled in by the funeral area carban papers. Pages 1 and y event, within 72 haurs after dea 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Cecil District of Columbia MARYLAND c. CITY DR TOWN (If autside corparote limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) mos 15 days Washington Perry Point d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1245 Owen Place YES NO -Veterans Administration Hospital kecuted within 3 NAME OF 4. DATE Manth please remave carban First Doy Year DECEASED 19 66 JOSEPH NMI NELSON July Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours and in any 10-28-23 WIDDWED DIVDRCED Male Negro physician and requires that the death certificate be 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? INDUSTRY South Carolina Off set press operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, the attending phys George Nelson Queenie Herriot IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 10 577-20-1591 VA Hospital Records, Perry Point, Md. Ves crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Acute necrotizing pancreatitis physician. DUE TO signed ! 10-15 yrs Alcholism Conditions, if ony, which gove rise to immediate couse (o), DUF TO has been s se as the t th priar ta b stoting the underlying couse be retained by the haspital ar attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? far use Health p CERTIFICATION YES -NO this certificate 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work FUNERAL DIRECTOR: After 21. I certify that M (this haspital) attended the deceased from May 13 19 66 to July 1900 ANTENDENT OCE 1031 shauld saw the deceased glive one year 1900, and that death accurred at 8:50 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED 7-29-66 STAFF ATTENDING M.D. PHYS. DIRECTOR PHYS. page 3 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may directar, pa shauld be f NAME (Type) GOINGRABEN VAH. Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Jown) /(County) . (Stote) em. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Perryville. DATE AUG

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH and campletely filled in by the funeral remave carbon papers. Pages 1 and b. COUNTY o. COUNTY o. STATE Maryland MARYLAND Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fifty Yrs Elkton. d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X 123 W. Main St. 123 W. Main 3. NAME OF First Lost 4 DATE Year DECEASED DEATH Niedenthal (Type or print) Harry 9. AGE (In years LIF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF LINDER 1 YEAR lost birthdoy) WIDOWED DIVORCED 8 DYES 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Factory Worker

13. FATHER'S NAME COUNTRY? INDUSTRY Pennsylvania

14. MOTHER'S MAIDEN NAME Retired Cfatherine Shoemaker Harry Niedenthal WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-01-4602 Mary E. Niedenthal 123 W.Main St INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: failure IMMEDIATE CAUSE (o) ecompentation Sterois burial Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse as the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Not While ot work ot work . 19 . that (1) (we) last . 19____, ta___ 21. 1 certify that (1) (this haspital) attended the deceased fram. 19 ___, and that death accurred at_____ M. fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 105 East Main St. 22c/PHYSICIAN'S NAME (Type) Elkton, Maryland 21921 Rolando A. Najera, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Green Mount Cemetery 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

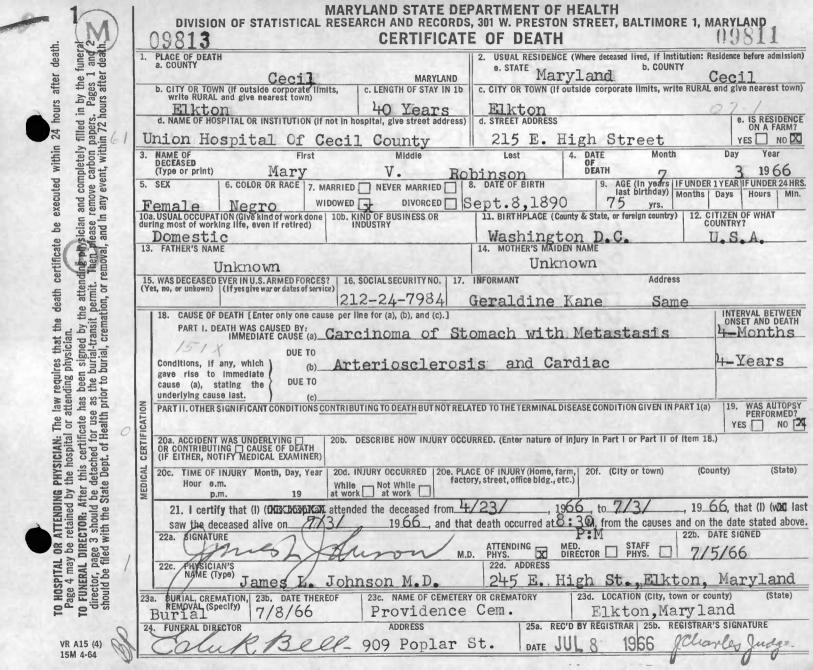
OHESHI The same of the sa CONTROL OF SALES · Zace-Ci-Holz (all) mensa. La vica Sobie Centre. .34 mist los sol ver Rolando A. Majera. D. Elaton, Maryland 11921

TE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE FICATE OF DEATH 2. USUAL RESIDENCE Where decessed lived, If institution, Residence before edmission **HEALTH DEPT** 1. PLACE OF DEATH e. COUNTY b. COUNTY o ज files. MARYLAND Department b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and give nearest town) for your with the State Depar 72 hours after death. 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? retained YES NO 3. NAME OF Middle DATE Month Day DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED 5. SEX NEVER MARRIED DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) WASH pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Evelyn Ruth Unknown ARMED FORCES? | 16_ SOCIAL SECURITY NO. | 17. INFORMANT with 18. CAUSE OF DEATH (Enter only on cause per line for (e), (b), end (c).) INTERVAL BETWEEN along burial-transit SHOURS IMMEDIATE CAUSE (e) DUE TO pinous 0 Conditions, if any, which cremation, "pending" geve rise to immediate cause O DUE TO 98 (e), stating the underlying Examiner nsed cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? YORRHAGT Medical NO T should 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING EXAMINER: CAUSE OF DEATH. prior Chief Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) factory, streat office bldg., etc.) agent, to the at work at work certificate, DIRECTOR: 21. I certify that Vtook charge of the remains described above, held an Autopsy Inspection. Inquiry and in my opinion EDICAL forwarded death resulted from: Natural causes Accident M. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL DEPUTY 8 EXAMINER'S NAME (Typa) Address (Street Leity: 220. BURLAD CREMATION. 22d. LOCATION (City, town, of count REMOVAL (Specify) **₽40**± 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME Federalsburg Md. 5M 1/63

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| hief Medical ansit permit. F ar remaval, a | | NO 18. CAUSE OF DEATH (Enter only one couse per | 218_0 line for (o), (b), | ond (c).) | | C. Reed, B | INTERVAL BETWEEN |
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| cate, writing the ward "pendin" be farwarded to the Chief Med be used as a burial-transit perr to burial, cremation, ar reman | | rise to immediate couse (a), | ALLER | | ACTION | 3 / | 15 min. |
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| e the certifica e 4 shauld be raur files. age 3 shauld b agent, priar | MEDICAL CER | 20c. TIME OF INJURY Month, Doy, Yeor | | | ng on the fa n garden TE OF INJURY (Home, form, | 20f. (City or town) | (County) (Stote) |
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| 5 + 2 D + | | REMOVAL (Specify) 7/31/66 FUNERAL DIRECTOR | BAY | | THODIST CE | TETERY, BAY | VIEW, MD. |
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond requires that the death certificate be executed within 24 hours after death an ond campletely filled in by the funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY DR TOWN (If autside carparate limits, c. LENGTH DE STAY IN 1h c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO C corbon NAME OF DATE Day Year DECEASED OF Type or print) DEATH J11 7 37 S SEX 6. CDLOR DR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS remove birthday) Manths Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT egise CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMAN1 If yes give war ar dates of service 0 BETHLEHEM CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease signed by Page 4 may be retained by the hospitol or attending physicion. DUE TD buriol, a Canditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the prior to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? of Heolth Coronary Occlusion myocardial this certificate infarction congestive failure YES [NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) Haur a.m. While Nat While factory, street, office bldg., etc.) After pe 21. I certify that (I) (this haspital) attended the deceased fram , 19 66, ta 2 Tulor, 19 66, that (1) (we) last 2 In lar director, page 3 should should be filed with the and that death accurred at _____ Mortcom causes and an the date stated abave. O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wallace Obenshain, M.D. Cecikton, Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66 DATE.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09815 PLACE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Pennsylvania o. COUNTY b. COUNTY Chester Page 0 Cecil. death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, u. P.M3. P write RURAL and give neorest town) 193 hrs. after West Chester d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET APORTS e. IS RESIDENCE ON A FARM? Office alang with farm haurs in Item 18. Give Pages 1, McDaniel's Yacht Basin -25 Brandywine St. NO X e State 1 72 haur 3 NAME OF Middle 4. DATE First Month Doy Year DECEASED the RICHARD 30 D. SCATTERGOOD July 19 66 with the (Type or print) DEATH 9. AGE (In years S SEX 6. COLOR OR RACE IF LINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B DATE OF BIRTH Months Doys Hours male caucasian WIDOWED X DIVORCED Aug. 10, 1903 This certificate shauld be executed within 24 haurs N 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Purchasing Agent Machinery USA ? Penna. please execute the certificate, writing the ward "pending" in pencil in director. Page 4 should be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Landadewn, Pa. in pencil Joseph Scattergood A lice Darlington File and WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Edward Carson 16. SOCIAL SECURITY NO. Landsdown, Pa. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal 173-07-3050 Yes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CAUSED BY: Arteriosclerotic heart disease ar 4200 crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 as lost. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? YES X NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar 3 should PRIMARY Or CONTRIBUTING O AL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection | Inquiry | and in my apinion Addident | death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER 7/31/66 P **EXAMINER'S** Health Charles S. Petty Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Berial (Specify) 8/3/66 Rosedale Friends West Chester_ Chester Pa. 25b. REGISTRAR'S SIGNATURE Grant Funeral 2So. REC'D BY REGISTRAR VR A15ME (5) North East, Md DATE AUG 1986

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the Pages 1 after of b. COUNTY Cecil Marvland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point Frostburg = bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS SPRING STREET Veterans Administration Hospital YES NO 32 letely carbon NAME DF First Middle Last DATE Month Day DECEASED remove carb n any event, CHARLES STRES 0. DEATH July compl (Type or print) 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I and Male White 1-1-90 WIDOWED [DIVORCED = 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and Frostburg, Maryland Miner Coal U.S.A. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **专为技术办法GEORGE** HESTER TOMLINSON 16. SOCIAL SECURITY NO. ned by the attend al-transit permit. al, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 217-48-1310 VA Hospital Records, Perry Point, Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rupture of heart sudden IMMEDIATE CAUSE (a) n signed l burial-tra burial, cra DUE TO Myocardial infarction, left ventricular days Conditions, If any, which gave rise to immediate the r DUE TO cause (a), stating the Arteriosclerotic heart disease underlying cause last. years 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate had detached for use to Dept. of Health is PERFORMED? NO T YES 2Da. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work 21. I certify that (N (this hospital) attended the deceased from December 109 28 to July 13 saw the deceased alive on xxxxxxxxxx19xxxxand that death occurred at 7:30M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF PHYS. 7-14-66 DIRECTOR 204 M.D. Page 4 may FUNERAL I PHYSICIAN'S ADDRESS 22d. TO FUNERAL director, p THOMAS P. THOMPSON. Hospital. Perry Point, Md. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY FROSTBURG REGISTRAR'S SIGNA 25a. REC'D BY REGISTRAR Frostburg, Maryland VR A15 (4) Home. 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending psysician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit their please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or temevol, and in any event, within 72 hours after death

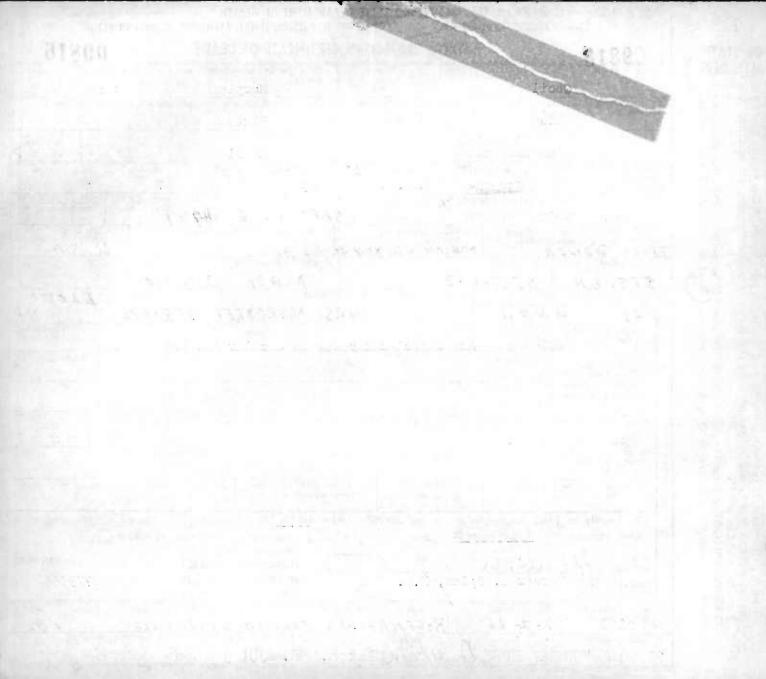
VR A15 (4) 20 M 1/66

| | | MAKYLAND STATE | : DEPART | MENI OF HEAD | LIH | | |
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| | Division of STATISTICA | AL RESEARCH AND RECORDS | , 301 W. P | RESTON STREET, | BALTIMORE, | MARYLAND | 2120 |
| 1 | - | CERTIFIC | ATE OF | DEATH | | | |

| | 09817 | CERTIFICATE | OF DEATH | | 09815 |
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| | PLACE OF DEATH o. COUNTY Cecil | MARYLAND | 2. USUAL RESIDENCE (V | Where deceosed lived, if institution Land b. COUNT | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Perry Point | c. LENGTH OF STAY IN 1b | | tside corporote limits, write RURA | AL ond give neorest tawn) |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not VA Hospital | in haspital, give street address) | d. STREET ADDRESS | 3rd St. | e. IS RESIDENCE ON A FARM? YES NO 32 |
| | NAME OF First DECEASED | | Lost | 4. DATE Month | Doy Year |
| | 171 1 7 | Orval F. 7. MARRIED NEVER MARRIED | Smith B. DATE OF BIRTH | 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Male White | WIDOWED DIVORCED | 8 7 21 | lost birthdoy) | Months Doys Hours Min. |
| dur | o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Dentist | 10b. KIND OF BUSINESS OR INDUSTRY Deasist | Baltimo | & Stote, or foreign country) ore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. | Francis E. | Smith | 14. MOTHER'S MAIDEN N | vame nell Young | |
| 1S. (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of s Yes WWII | ervice | NFORMANT /A Hospital | Address Records - Perr | |
| | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove fise to immediate couse (o), stating the underlying couse [bost.] [bost.] | arterioxel | Sweepea | I Rixeas | ONSET AND DEATH 8 clary |
| ATION | PART II. OTHER SIGNIFICANT CONDITIONS COM | ITRIBUTING TO DEATH BUT NOT RELATED TO 1 | THE TERMINAL DISEASE CON | IDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? YES NO [|
| MEDICAL CERTIFICATION | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 205. DESCRIBE HOW INJURY OCCURRED. | (Enter noture of injury in I | Port I or Port II of item 1B.) | |
| MEDICA | 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 | While Not While of work of work | CE OF INJURY (Home, form ory, street, office bldg., etc.) | | (County) (Stote) |
| | 21. I certify that (%) (this hosping the stress of stres | tol) ottended the deceosed from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ATTENDING DAY PHYS. ADDRESS V | *25p M, from couses a MED. STAFF DIRECTOR PHYS. A Hospital - P | nd on the dote stoted obove 22b. DATE SIGNED 7 23 66 Perry Point, Md. |
| - | BURIAL CREMATION, 23b. DATE THERE REMOVAL (Specify) REMOVAL (Specify) | -/966 Baltimore Na | tional Com | | Maryland |
| 24 | PATTERSON FUNERAL | ADDRESS HOME - Perryville, | | | ISTRAR'S SIGNATURE |

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| 1 | I | Item 18 part 2 Film G37CMARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 | 1 |
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| FOR STATE | | 09818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 1816 |
| Poge tree for the state of the | 1. | PLACE OF DEATH o. COUNTY Cecil AMARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Maryland Ceci Cecil | |
| f any delay 1, 2, and 3 rm PM3. Pa Department rs after deal | 28 100 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give no give nearest town) Elkton C. LENGTH OF STAY IN 1b Elkton | earest tawn) |
| th. If any ges 1, 2, 2, or farm farm baute Departments of hours of the control of | | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Union Hospital Rd #1 | e. IS RESIDENCE ON A FARM? |
| Pa Pa Vith Vith | | NAME OF DECEASED CHAST MIDDLE 4. DATE Month OF | VES NO NO NO Pear 4 19 66 |
| s after d 18. Give e alang v 2 with the | | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YI | |
| 24 haurs I in Item 18 er's Office ges 1 and 2 v any event | dur | 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZE | EN OF WHAT |
| | 13. | STEVEN STROUPE 14. MOTHER'S MAIDEN NAME ANARY CROUSE | |
| xecuted v nding" in I Medical Ex permit | IS. (Ye | WILL DESTRICT THE HAVE ADDED TO DESCRIPTION OF THE PROPERTY AND THE PROPER | ELKTOM |
| shauld be e e ward "per o the Chief I ourial-transit | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c) | INTERVAL BETWEEN ONSET AND DEATH |
| This certificate cate, writing the be forwarded to be used as a burial, crer | CERTIFICATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RIIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) | 19. WAS AUTOPSY PERFORMED? YES X NO |
| R: ould auth | | | |
| = 0 v + c = | MEDICAL | p.m. 17 jotwork 🗀 otwork 🗀 | y) (Stote) |
| o DEPUTY MEDICAL EXAMINER: necessary, please execute the certi the funeral directar. Page 4 shauld 5 may be retained far yaur files. O FUNERAL DIRECTOR: Page 3 shau Health ar its designated agent, pri | | death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Werner U. Spitz M.D. NAME (Type) ACCIDENT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) | and in my apinion 22. DATE SIGNED 7/5/66 |
| TO DEPU necessa the fun 5 may 1 TO FUNEI Health (| | BEMOVAL Specify 7-7-66 ROSENBRUNN'S CEMETERY WYTHEVILLE | ounty) (Stote) |
| VR A15ME (5) 6M 1/66 | | A FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGN PIPPIN FUNERAL HOME Could be Elkton, Md Date JUL 12 1966 General | 2 Judge |



FOR STATE-HEALTH DEPT.

y delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page Wand 2) with the State Department of within 72 haurs after death. This certificate should be executed within 24 haurs after death. If Health or its designated agent, priar ta burial, crematian, ar remaval, and in any eyem bages TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER: 5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| a. COUNTY | CECIL | | MARYLAND | a. STATE Marsz | (Where deceased lived, if institution 1 and b. COUNTY | | odmission) |
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| b. CITY OR TOWN | (If autside carparate limit | s, | c. LENGTH OF STAY IN 16 | | autside carparate limits, write RUF | RAL and give nearest t | awn) |
| Rural - N | nd give nearest town) | | 2 hrs. | | heast | 07- | 1 |
| d. NAME OF HOSE | PITAL OR INSTITUTION (If no | at in haspital, ç | | d. STREET ADDRESS | enna. Ave. | e. YES | S RESIDENCE ON A FARM? |
| 3. NAME OF DECEASED (Type or print) | ROBERT | rst . | CALVIN | WANZER. | 4. DATE Mont of Tonounced DEATH July | h Day | Year 19 66 |
| Male | 6. COLOR OR RACE Negro | 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 4-18-24 | 9. AGE (In years dirthdoy) | Months Days | Haurs Min. |
| | ON (Give kind af wark done ng life, even if retired) | I IN | ND OF BUSINESS OR DUSTRY Struction | 11. BIRTHPLACE (State Maryland | re ar fareign country) | 12. CITIZEN OF W COUNTRY? USA | /HAT |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | NAME | | |
| George W. | Wanzer | | | Susie M. | Sanders | | |
| | VER IN U.S. ARMED FORCES? (If yes give wor or dates of | Vanisa l | | . INFORMANT Eula J. Wanz | Box | 5514 | 75 1 |
| A - W | WW Z | 1 ~. | 12-10-1724 | DUTS O MSUZ | Nor | th East. M | d |
| 1B. CAUSE OF | DEATH (Enter only one coul ATH WAS CAUSED BY: IMMEDIATE CAUSE | se per line far | | | Nor | | /AL BÉTWEEN AND DEATH |
| 1B. CAUSE OF PART I. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE | se per line far (a) | (a), (b), and (c).) | | Nor | INTERV | AL BETWEEN |
| 1B. CAUSE OF PART 1. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TY, which gave ate cause (o), | (a) | (a), (b), and (c).) | | Nor | INTERV | AL BETWEEN |
| 1B. CAUSE OF PART I. DE PART I. DE Conditions, if or rise to immedi stoting the unclost. | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE ny, which gave ale cause (o), derlying cause | (a) | (a), (b), and (c).) Drowni | ng | ONDITION GIVEN IN PART 1(0) | INTERVONSET | AL BETWEEN AND DEATH AS AUTOPSY REORMED? |
| IB. CAUSE OF PART I. DE Conditions, if or rise to immedi stoting the unclost. PART II. OTHER 200. EXTERNAL PRIMARY IX OF CAUSE OF DEATH | EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE On, which gave ate cause (o), derlying cause SIGNIFICANT CONDITIONS C CAUSE WAS ONTRIBUTING | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRE | O THE TERMINAL DISEASE (C | NOT | INTER ONSET | AL BETWEEN AND DEATH AS AUTOPSY REORMED? |
| 18. CAUSE OF PART I. DE PART II. OTHER 200. EXTERNAL PRIMARY Mor CAUSE OF DEATH 20c. TIME OF IM | CAUSE WAS CAUSE WAS CAUSE WAS CONTRIBUTING CAUSE WAS CONTRIBUTING LULLEY Month, Day, Year | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRE Fell out of but to be the script of the script occurred to the script occ | O THE TERMINAL DISEASE CO D. (Enter nature of injury in Dat LACE OF INJURY (Home, for | ONDITION GIVEN IN PART 1(o) n Port I or Part II af item 18.) | INTER ONSET | AL BETWEEN AND DEATH AS AUTOPSY REORMED? |
| 18. CAUSE OF PART I. DE PART II. OTHER 200. EXTERNAL PRIMARY Mor CAUSE OF DEATH 20c. TIME OF IM | CAUSE WAS CAUSE WAS CAUSE WAS CONTRIBUTING CAUSE WAS CONTRIBUTING LULLEY Month, Day, Year | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRE Fell out of but to be the script of the script occurred to the script occ | O THE TERMINAL DISEASE (C D. (Enter nature of injury in | ONDITION GIVEN IN PART 1(o) n Port I or Part II af item 18.) | 19. W PE YES | AS AUTOPSY RFORMED? (State) |
| 18. CAUSE OF PART I. DE PART II. OTHER OF DESTRUCTION OF THE PRIMARY IX OF CAUSE OF DEATH 20c. TIME OF HOUR 8:00 | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE DITY, which gave ate cause (o), derlying cause SIGNIFICANT CONDITIONS C CAUSE WAS ONTRIBUTING L L LIRY Month, Day, Year D. M. July 9, 19 | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRE Fell out of but to be the script of the script occurred to the script occ | D. (Enter nature of injury in DAT LACE OF INJURY (Home, for actory, street, office bldg., etc. River | ONDITION GIVEN IN PART 1(o) n Port I or Part II of item 1B.) rm, 20f. (City or town) c.) Northeast Riv | 19. W. PE YES (Caunty) | AS AUTOPSY RFORMED? (State) |
| IB. CAUSE OF PART I. DE PART II. OTHER PRIMARY DA OT CAUSE OF DEATH 20c. TIME OF IN HOUR 8:00 21. I cert | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO DU | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED Fell out of but to be to b | D. (Enter nature of injury in Dat LACE OF INJURY (Home, for actory, street, office bldg., etc. River held on Autopsy [X], | DNDITION GIVEN IN PART 1(o) Port I or Part II of item 1B.) rm, 20f. (City or town) C.) Northeast Riv Inspection, Inqu | (County) ver Cecil iry , ond ir | AS AUTOPSY RFORMED? (State) Md. |
| IB. CAUSE OF PART I. DE PART II. OTHER PRIMARY DA OT CAUSE OF DEATH 20c. TIME OF IN HOUR 8:00 21. I cert | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO DU | (a) | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED Fell out of bound of the property of t | D. (Enter nature of injury in Dat LACE OF INJURY (Home, for actor), street, office bldg., etc. River held on Autopsy X, jicide , Homicid (HIEF MEDICA | DNDITION GIVEN IN PART 1(o) n Port I or Port II of item 1B.) rm, 20f. (City or town) c.) Northeast Riv , Inspection, Inqu | (County) ver Cecil iry , ond ir | AS AUTOPSY RFORMED? (State) Md. |
| 18. CAUSE OF PART I. DE PART II. OTHER Conditions, if or rise to immedi stoting the unclost. PART II. OTHER 200. EXTERNAL PRIMARY X or CAUSE OF DEATH 20c. TIME OF III. OTHER 8:00 21. I cert deoth resu | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Thy, which gave ate cause (o), derlying cause SIGNIFICANT CONDITIONS C CAUSE WAS CONTRIBUTING . L. LILBY Month, Day, Year July 9, 19 ify that I took charge Ulted from: Nature | (a) TO (b) TO (c) ONTRIBUTING I While of the ren of couses | (a), (b), and (c).) Drowning TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED Fell out of bound of the property of t | D. (Enter nature of injury in Dat D. (Enter nature of injury in Dat LACE OF INJURY (Home, for actor), street, office bldg., etc River held on Autopsy X, jicide , Homicid CHIEF MEDICA M.D. ASSISTANT MEDICA DEPUTY MEDICA | DNDITION GIVEN IN PART I(o) Port I or Port II of item 1B.) Tm, 20f. (City or town) C.) Northeast Riv Inspection, Inque E, Undetermined mo | (County) ver Cecil iry , ond ir onner | AS AUTOPSY RFORMED? (State) Md. my opinion |

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 8 | 0982 | 0 | | CERTIF | ICATE | OF DEATH | | 99 | 09818 |
|-----------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|-----------------------------------------------|-------------------------|------------------------------------------------------------|--------------------------|-------------------------------|----------------------------------------------------|
| | PLACE OF DEATH a. COUNTY | Cecil | | MARY | | o. STATE DISTR | ICT OF CO | LUMBIA | sidence befare admissian) |
| | b. CITY OR TOWN (write RURAL and | If outside corporate limit d give nearest tawn) Perry Pos | nt. | c. LENGTH OF STAY I | | c. CITY OR TOWN (If ou Washi | | , write RURAL and | give nearest tawn) 47 - 3 |
| | d. NAME OF HOSPIT. | VA Hospit | | give street address) | | d. STREET ADDRESS 1334 1 | Harvard St | t. N.W. | e. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF DECEASED (Type or print) | | rst 10mas | Middle J• | Webst | Last er | 4. DATE OF DEATH | Month July | Day Year 11 19 66 |
| S. | Male Male | 6. COLOR OR RACE Negro | 7. MARRIED WIDOWED | | | DATE OF BIRTH 11 13 24 | 9. AGE (In last to | r years IFUN irthday) Mont | DER 1 YEAR IF UNDER 24 HRS. |
| dur | LUSUAL OCCUPATION ing most of working Laborer FATHER'S NAME | (Give kind of work done life, even if refired) | | IND OF BUSINESS OR NDUSTRY | | 11. BIRTHPLACE (County Catlett MOTHER'S MAIDEN N | Virgini | | 2. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10 | Alfred W | DINITIC ADMED CODICECO | 1 16 | SOCIAL SECURITY NO. | 17 6 | | ie Roy | (D) Address | |
| (Ye | Yes | (If yes give war ar dates WW II | of service) | 224-20-31-6 | | | Records - | | oint, Maryland |
| NOI | 757/ Canditians, if any, rise to immediat stating the under last. | e cause (a), rlying couse | TO (c) | | | ystic kidn | | RT 1(a) | ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? |
| MEDICAL CERTIFICATION | | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 205. Di | ESCRIBE HOW INJURY O | CCURRED. (I | Enter nature af injury in I | Part I ar Part II of ite | em 18.) | YES NO KE |
| MEDICAL | 20c. TIME OF INJU Haur o.r p.r | 10 | 20d. I While at war | | | E OF INJURY (Home, farm ry, street, office bldg., etc.) | | r town) | (County) (Stote) |
| | 21. I certi 2500 PROSE 22a. SIGNATURE | fy that (R) (this how | pital) atten | anded the deceased | fram and that M.D | death accurred at | MED. 5 | causes and c | in the date stated abave. b. DATE SIGNED 7 11 66 |
| | 22c. PHYSICIAN'S NAME (Type | E. E. F | LK II | I, M.D. | | 22d. ADDRESS | spital - 1 | | int, Md. |
| 24 | BURIAL, CREMATIC REMOVAL (Specify Removal) FUNERAL DIRECTO CGuire F | R ofer | £ 66 | Arling Arling Arling Arling Approximation | | Mational | Ft Myco By REGISTRAR | 25b. REGISTRA | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematian, premayal, and in any event, within 72 hours after death, O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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DHVASION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY er the Cecil District of Columbia. MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers, res 24 hours 6 days Perryville Washington. D.C. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? VAH Perry Point. Md. 416 K Street, N.W. NO x YES executed within completely carbon 3. NAME OF First Middle Last DATE Year Month Day DECEASED OF DEATH .Teff (Type or print) none Williams July 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and Male WIDOWED Negro DIVORCED [9-15-12 attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY Laborer Pell Mell. S.C. USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME George Williams Mary Wise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. (Yes, no, or unkown) (If yes give war or dates of service) cremation, 578-38-9386 Yes VA Hospital records. Perry Point, Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat INTERVAL BETWEEN The law requires that the 100 CAYS þ PART I. DEATH WAS CAUSED BY: attending physician. Broncho pneumonia.confluent due to Tracheo-IMMEDIATE CAUSE (a). been signed Esophageal fistuladue to carcinoma of esophogus 150 DUE TO Conditions, If any, which (b) gave rise to Immediate as the l DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? hospital or YES X NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) of detached be detached State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) After Not While at work While p.m. 19 at work pinou 3 should with the 21. I certify that (I) (this hospital) attended the deceased from. 1966 Ato 7-3 19 66xthatxtlx invelopest DIRECTOR: south deceased alive an expension of the date stated above. SIGNATURE 22b. DATE SIGNED 22a. page ATTENDING DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) director, should BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 7-4-66 Baltimore-National Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. Washington St., le Grace. Md. Penningkon VR A.15 (4) DATE de 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY DISTRICT OF MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) PERRY POINT 19 hours WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? ADMINISTRATION HOSPITAL YES NO X Connecticut Avenue 3. NAME OF Middle DATE Dey DECEASED (Type or print) DEATH WITTITAMS 1966 PONNIE .TAMES 5. SEX 6. OLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Months Devs MATE NEGRO WIDOWED F JANUARY DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2 done during most of working life, even if retired) NORTH CAROLINA U.S.A CUSTODIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES WILLIAMS MARY WILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) VA RECORDS PERRY POINT, MARYLAND WW TT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONARY THREMBOSIS IMMEDIATE CAUSE (a) Conditions, if env. which geve risa to immediate cause DUE TO (e), steting the underlying Acute Glomerulonephritis couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ; 2Df. (City or town) (County) (State) fectory, street, office bldg., etc. While Not While Hour e.m. et work at work certificat 21. I certify that I took charge of the remains described above, held an Autopsy Inspection N and in my opinion Inquiry DICAL Varded death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL should be ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY DEPUTY MEDICAL EXAMINER 6 NAME (Type) 22e. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 McIver Funeral Home Jacksonville, North Carolin Remova] VR A15ME 5M 1/62

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